

# LEON COUNTY, FLORIDA TRAVEL REQUEST REPORT

3

Traveler's Name/Title: Cliff Thaeil

Traveler's Title: Commissioner

Department Name: BOCC

Division Name: \_\_\_\_\_

Destination: Washington, DC

Purpose of Trip: To Attend NACo Legislative Conference and Congressional Delegation Meetings

Departure Date: 03/03/05

Time: 9:50 AM

Return Date: 3/9/05

Time: 6:35 PM

ITEM	Rate	Check if P-Card Used	TOTAL	SUN. 1	MON. 3/7	TUES. 3/8	WED. 3/9	THURS. 3/3	FRI. 02/04	SAT. 1
Lodging:										
Meal Allowance for Meals NOT Included in Registration Fee (attach agenda):	\$198.05		\$ 594.15		\$198.05	\$198.05		\$198.05		
Breakfast Standard or	\$ 10.00		\$ 40.00		\$10.00	\$10.00	\$10.00	\$10.00		
Lunch Standard or	\$ 15.00		\$60.00		\$15.00	\$15.00	\$15.00	\$15.00		
Dinner Standard or	\$ 26.00		\$78.00		\$26.00	\$26.00	\$26.00	\$26.00		
Per Diem in Lieu of Actual Expense(s) for Meals and Lodging at \$21.50 Per Quarter of each Day	\$21.50				\$223.05	\$249.05	\$51.00	\$249.05		\$
Common Carrier (e.g. air, plane, bus)			\$0.00							
Rental Car - rental fee										
Fuel for Rental or County Owned Vehicle										
Use of Personal Vehicle:										
No. of miles per official DOT mileage map (attach documentation if calculated by other than DOT map)	\$0.375									
# of Vicinity Miles at Destination: (Allowable for official business, but must be requested separately)	\$0.375									
Registration:										
Miscellaneous Expenses:										
Limousine/Taxi Fares			\$ 114.00							
Public Transportation										
Parking			\$ 28.00							
Communications -- (only calls/faxes for county related business may be reimbursed)										
Other Miscellaneous Allowed by Policy			\$ 4.76							
TOTAL ESTIMATED EXPENSES			\$ 918.91							

If a check is requested for an advance or prepayment, complete the following section. (NOTE: The Purchasing Card may also be used for this purpose in lieu of requesting checks.)

Account number(s) to be charged for trip:	Amount:
Account Number:	
001-107-54000-511	\$918.91

Amount	Account Number	Vendor Number	Payable To:	Address:	Mail/ Pickup

Attach appropriate page from GSA Schedule reflecting specific City rate utilizing. If City traveling to does not appear on schedule, the standard rate will apply.

GSA Daily Costs	\$31.00	\$35.00	\$39.00	\$43.00	\$47.00	\$51.00
Breakfast	\$6.00	\$7.00	\$8.00	\$9.00	\$9.00	\$10.00
Lunch	\$9.00	\$11.00	\$12.00	\$12.00	\$14.00	\$15.00
Dinner	\$16.00	\$17.00	\$19.00	\$22.00	\$24.00	\$26.00

## APPROVAL SIGNATURES

Traveler's Signature: \_\_\_\_\_

Date: 3/15/05

Supervisor/Division Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

County Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

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